

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

RECEIVED

PLEASE PRINT

				JAN 28 2019
I. Name of Lobbyist(s) James Burnett			NEW HAMPSHIRE
II. Name of lobbyist's	partnership, firm or corpora	tion, if any:		DEPARTMENT OF STAT
	Sight Line Public Affairs	•		
(Nan	ne of partnership, firm or corporation	on)		
PO B	ox 97, Concord, NH 03302			
Business Address: (Str	eet) (Tow	n/City)	(State)	(Zip Code)
() 603-686-3	909 ()	e-m	nail jamie	@sight-line.us
(Telephone)	909 ()	(Fax) e-m		<u> </u>
All reportable trans	sactions which are not attri	s prior to the reporting da	te relative to the	
EVERSU	JRCE ENERGY (Full Name of Client as it appears	on the Lobbyist Registration	on Form)	
<u>OR</u>	(1 un vaine of elient as it appears	of the Loody ist Registration	ni i Oilli)	
All reportable trans unrelated to any partic	actions by the lobbyist (including a client.	ng the lobbyist's family),	or the lobbyin	g firm listed below which are
IV. Date of Report Reports cover: activi	April 25, 2018 ty from date of registration to 3/3	1/18 activity from 4	5, 2018	
	October 31, 2018 activity from 7/1/18 to 9/30/18		y 30, 2019 🗹 10/1/18 to 12/31	
	no fees received and no recomplete just this form and sub			
VL Check if addition	al reports are attached:			
•	ed fees or made expenditures, y			•
Expense Reimburseme				
If you, your firm, o	or your family has made politication	al contributions, you mus	t file Addend ı	m C- Political Contributions
	irmation by Lobbyist SA 15-B, RSA 14-C and RSA 6 st of my knowledge-and belief.	664 and hereby swear or a	affirm that the	foregoing information is true
>suga	200	1	/28/19	
(Signature of lobbyist)		(Da	te)
James Burnett				
(Print Name of lobby)	st)			

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses

(RSA Chapter 15:6)

RECEIVED
JAN 2.8 2019
NEW HAMPSHIRE

1116 5 TO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		-2 - 1 ⁸ \$6\$.	JAN 2.8 20
I. Name of Lobbyist(s):	James Burnett		NEW HAMPS DEPARTMENT O
and the second of the second o	nership, firm or corporation,	if any	· Landau de la constantina della constantina del
• -		ii aiiy.	
Sight Line Pu	ablic Affairs ership, firm or corporation)		.,
and the second s			<u>.</u> .
III. Name of Client <u>EV</u>	ersource	Date	28/19
to lobbying, including fees for	Il fees received from the client ide r services such as public advocacy g legislation, and related legal w	y, government relations, o	r public relations serv
a) Total of all fees received in	this reporting period	a) \$ Z	0,000
b) Total of all fees received the (This should equal the total	nis calendar year, prior to this reports for t		0,000
c) Total of all fees received to (Add lines a and b)	date	11. (s) c),\$ <u>4</u>	10,000
d) Indicate the amount of any yet been paid	such fees that are due, but have n	ot	
fees. Separate reports are to the lobbyist(s)/firm that are un Expenses are to be reported it during the reporting period for individual expenses where the lunch where the cost was \$25 being lobbied, purchase of a cost of an itemized statement of earny purpose not covered by the ceremonial object to be given restaurant expenses for a legislation.	ships, firms, or corporations are respectively be filed for expenditures made relatively and the filed for expenditures made relatively and the filed for expenditures of expenditures of the expenditure was of \$25.00 or less, purchase of a pen with the eremonial object given to a personach individual expenditure made of a for example; purchase of a for the subject of lobbying with islative reception). Expenses for on separate addendums and should	ative to each client and if parate report may be filed enses: (a) the aggregate, and office expenses; (b) as (for example: meals put a value of less than \$10 in being lobbied with a valuring this reporting period meal with value of greate a value greater than \$25, in honorariums, expense re-	expenditures are mad if for the lobbyist(s)/itotal of all expenses the aggregate total or rchased during a busi that is given to the pelue of \$25.00 or less) of greater than \$25.0 r than \$25, purchase but not greater than simbursement, or poli

a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a)\$ Z0,000
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$

c) Total of all itemized expenditures reported in detail in section VI.

c) \$ _____

(Add lines a, b and c)	a) \$	20,000	<u></u>
Total of expenses paid this calendar year, prior to this reporting period	e) \$	20,00	,
This should be the amount on line f of addendum A for last month's report) Total of all expenses year to date	f)\$	40,000	, e .
I. Other Expenses:	-	•	
rovide the following detail for all expenditures of more than \$25 made from criod, including by whom paid or to whom charged.		_	
बांd to:	Amount:		on the state of t
A material continues that we are a supported to the support of the	•		<u></u> .
and the second s	3 3 5 7		ightyt jî
	\$		
The Property of the State of th	\$	· ; • • ; ·	annedja j a
The Property of the State of th	_		3
	Φ	77.7	n, 4 .
333/33	\$, vî	· ·
\cdot			
20,000	4.		1711,
20,000	ise e 	·	
20,000	. (1°). 	- <u></u>	**************************************
	an e		**************************************
worn Statement/Affirmation by Lobbyist have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affir	m that the	foregoing in	nformation
worn Statement/Affirmation by Lobbyist	m that the	foregoing in	nformation
worn Statement/Affirmation by Lobbyist have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affir		foregoing in	nformation
worn Statement/Affirmation by Lobbyist have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affire true and complete to the best of my knowledge and belief. Signature of lobbyist)			State State
worn Statement/Affirmation by Lobbyist have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affir true and complete to the best of my knowledge and belief. Signature of lobbyist)		1/28/19 (Date)	State State
have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affine true and complete to the best of my knowledge and belief. Signature of lobbyist). James Burnett.	,5 <u></u> (1/28/19 (Date)	State State
worn Statement/Affirmation by Lobbyist have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affire true and complete to the best of my knowledge and belief. Signature of lobbyist) James Burnett Print Name of lobbyist)	(1/28/19 (Date)	State State
worn Statement/Affirmation by Lobbyist have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affir true and complete to the best of my knowledge and belief. Signature of lobbyist) James Burnett Print Name of lobbyist)		1/28/19 (Date)	State State
worn Statement/Affirmation by Lobbyist have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affire true and complete to the best of my knowledge and belief. Signature of lobbyist). Print Name of lobbyist)		1/28/19 (Date)	State State
worn Statement/Affirmation by Lobbyist have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affire true and complete to the best of my knowledge and belief. Signature of lobbyist) Print Name of lobbyist)		1/28/19 (Date)	State State
worn Statement/Affirmation by Lobbyist have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affire true and complete to the best of my knowledge and belief. Signature of lobbyist) Print Name of lobbyist)		1/28/19 (Date)	State State

STATE OF NEW HAMPSHIRE

Lobbyists Report of
Political Contributions
Addendum C
(RSA Chapter 15:6)

RECEIVED

JAN 28 2019

NEW HAMPSHIRE
DEPARTMENT OF STATE

II. Name of lobbyist's pa	• •	or portation, it units	\$!	•
•	ht Line Public Affairs	5	 	
(Name of pa	rtnership, firm or corporation		•	
III. Name of Client			Date1/28/19	
Political Contributions For each political contrib client/lobbyist and lobbyi		le pursuant to RSA Chapter	Date 1/28/19 664 paid on behalf of the	
	The Market Control		K as the S	
Full name of candidate:	BOUTIN	David		
un name of candidate.	(Last Name)	(First Name)	(Middle Name/Initial)	
Amount of contribution \$	100	Office Candidate is S	eeking SENATE	
actual cost of the in-kind co	ntribution on the line al	de a description of the goods of bove for amount of contribution	or services provided, and ente on. If the actual cost is not kn	or the nown,
actual cost of the in-kind co enter an estimated value and	ntribution on the line ald the word "estimate."	bove for amount of contribution	or services provided, and ente on. If the actual cost is not kn	er the
If the contribution is an in-kactual cost of the in-kind coenter an estimated value and	ntribution on the line ald the word "estimate." PRES COTT	RUSSELL	or services provided, and ente on. If the actual cost is not kn	or the
ectual cost of the in-kind co enter an estimated value and Full name of candidate:	PRES COTT (Last Name)	RUSSELL (First Name)	on. If the actual cost is not kn	nown,
Full name of candidate: Amount of contribution \$	PRES COTT (Last Name) indicate contribution, provientribution on the line all	RUSSELL (First Name)	(Middle Name/Initial) eeking EXECUTIVE or services provided, and ente	Count
Full name of candidate: Amount of contribution \$	PRES COTT (Last Name) indicate contribution, provientribution on the line all	RUSSELL (First Name) Office Candidate is S de a description of the goods	(Middle Name/Initial) eeking EXECUTIVE or services provided, and ente	Count

. ,				
1				
	<u>interior Survivor</u>			
(If more than three contributions were made, r	report additional contribution	ns on separate addendun	n C forms.)	
Sworn Statement/Affirmation by L	obbyist	Spr. Sec. 1999		
I have read RSA 15, RSA 15-B and R	PSA 664 and hereby sy	wear or affirm that th	e foregoing	inform
is true and complete to the best of my			e roregoing	шош
				£,
tand 02			1/28/19	
(Signature of lobbyist)		en la	(Date)	
James Burnett		, ,	•	
(Print Name of lobbyist)		en la reservación		
	2010	ال الله الله الله الله الله الله الله ا		
		property of the second second		
対称のほど (1887)		;		
	ه الهاورين الا			
1 1	·		. 47	
			•	
	•-			
AL FTL & T:	•	\$#7 . ∀	٠.	
	^.	mail of the Co		
	end day in the first field of the	TADADA.		
obles genouget.	e e e e e e e e e e e e e e e e e e e	e de la companya de La companya de la co		
$\frac{\partial}{\partial x} \frac{\partial}{\partial x} = \frac{\partial}{\partial x} \frac{\partial}{\partial x} \frac{\partial}{\partial x} + \frac{\partial}{\partial x} \frac{\partial}{\partial x} \frac{\partial}{\partial x} \frac{\partial}{\partial x} + \frac{\partial}{\partial x} \frac{\partial}{\partial x$		•		
		, 1 ! /		
			- •	
		-		
	- F			
THE THE STATE OF STAT	o see see see see see see see see see se	4		